## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: $\underline{CQ} = 03^{\circ}CO$	Address: 103 N. alas 57. APTH
Case #: <u>22-</u> 43208	<u> </u>
County Labrange	wolcottville Fel.
	46
Type of Laboratory Seizure (check one)	Seizure Location (check all that apply)
Operational Lah	Residence Hotel/Motel
Chemical/Glassware/Equipment (only) Dumpsite (only)	Outbuilding Open No Structure Vehicle Other:
	<u> </u>
Items Found: Location (bedroom, kitchen, open ai	r. ete)
(check all that apply)  Lithium/Ammonia Reaction(s):	l .
Red Phosphorous/Iodine Reaction(s):	
Flammable Solvents:	
Water Reactive Metal (Lithium):leachior	- outside
Anhydrous Ammonia:	
Hydrochloric Acid Gas Generator(s): Outs	id e
Corrosive Acid:	•
Corrosive Base;	
Other (item and location):	
Child under age 18 discovered (check one)  Yes 2 (number present)	Investigative Information
No	Retail/Merchant Tip
*If yes, fax report to Child Protective Services	Other:
This report is to be faxed to the following agen	cies that scrve the location:
Fire Department: <u>Soh</u> a so∩	Fax: <u>854-34</u> 02 Fax: <u>499</u> -4189
Health Department: 4061009 2	Fax: <u>499</u> -9101 Fax:
Child Protection Service: Labrang 1	
For further information regarding this methamphous Investigating Officer: Desteries Phon	etamine laboratory, contact ne_800/552-0976

\*\*\* This form is to be included with fae case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.